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Bib Data Sheet

CONFIRMATION NO. 1627

<b>SERIAL NUMBER</b> 09/406,454	<b>FILING DATE</b> 09/27/1999 <b>RULE</b>	<b>CLASS</b> 455	<b>GROUP ART UNIT</b> 2744	<b>ATTORNEY DOCKET NO.</b> 99016401X
<b>APPLICANTS</b> GAWINS A. MACK II, WEST PALM BEACH, FL; R. EUGENIA MACK, WEST PALM BEACH, FL;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 08/639,838 04/19/1996 PAT 5,991,637				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE</b> <b>GRANTED ** 10/14/1999</b>				
<b>** SMALL ENTITY **</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 20
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 27689				
<b>TITLE</b> CONVERTIBLE PORTABLE TELEPHONE				
<b>FILING FEE RECEIVED</b> 380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

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09/406,454	09/27/99	455	2744	99016401X

APPLICANT

GAWINS A. MACK II, WEST PALM BEACH, FL; R. EUGENIA MACK, WEST PALM BEACH, FL.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED THIS APPLN IS A CIP OF 08/639,838 04/19/96

                    

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

                    

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

                    

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 10/14/99 \*\* SMALL ENTITY \*\*

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>                    </u> Examiner's Initials	<u>                    </u> Initials	FL	11	20	3

ADDRESS

JOHN C SMITH  
4800 NORTH FEDERAL HIGHWAY  
SUITE A-207  
BOCA RATON FL 33431

TITLE

CONVERTIBLE PORTABLE TELEPHONE

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____
\$380		